

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22411**

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Box Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Box Rural, El Dorado Springs - Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 2. El Dorado Socs. Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anne</u> b. (Middle) <u>M.</u> c. (Last) <u>Jordan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 11, 1891</u>		9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Days _____ IF UNDER 12 Hrs. _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>C. A. Jordan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-24-7174</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Boan, Eldon, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Heat Exhaustion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUPLICATE (b) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9310</u> <u>22</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>220</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Williams, Coroner</u>		23b. ADDRESS <u>El Dorado Springs, Mo</u>		23c. DATE SIGNED <u>7-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>El Dorado Springs, Mo</u>		(State) _____	

DATE REC'D BY LOCAL REG. <u>July 19, 1954</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Williams</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02200

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Floyd E. Carothers

Licensed Embalmer No. *4419*

P. O. Address *El Dorado Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.